

Wigglesworth (*Journal of Mental Science*, October, 1883) concludes, first, that from the ill-defined assemblage of cases called "melancholia," "melancholia attonita," and "acute dementia," a group has to be distinguished which constitutes a definite clinical and pathological entity. Second, that this group is characterized by the association of more or less self-absorption passing into vacuity, with a definite affection of the muscular system—muscular tremors and muscular rigidity. Third, the pathological basis of the same is best marked in the so-called motor cells, and possibly originating in them, but having a tendency to spread beyond their area.

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FEMALE DISEASES AMONG THE INSANE.—Dr. Ripping (*Allgemeine Zeitschrift für Psychiatrie*, Band xxxvii.), in one hundred and three autopsies on insane females, found thirty-four cases having sexual affections, but the etiological relations of these findings to the mental affection were by no means settled. During life Ripping had never had under observation a pure case of reflex neurosis arising from sexual apparatus disease. Ripping was of opinion that mental diseases and female diseases act in a vicious circle, sometimes originating each other, but always aggravating each other when coëxistent. Danillo (*Archives de neurologie*, tome iv) made a series of examinations in the Asile St. Anne, Paris, with the following results: Of the entire number, eighty per cent. suffered from diseases of the generative organs; the majority of these were in the sexually active period. Among the latter, the most frequent affections were acute and chronic endometritis; next to these, inflammation of the vaginal portion of the uterus. In women beyond the climacteric, chronic inflammations of the uterus prevailed; senile marasmus of the uterus being left out of consideration. During the period of sexual activity, the forms of mental disease preponderating were: melancholia, paretic dementia, primary insanity (monomania of Spitzka), epileptic insanity, hysterical insanity, secondary dementia, and mania; beyond the climacteric, secondary dementia, then paretic dementia, melancholia, and primary insanity. In both classes, especially the latter, the greater number had borne children. The conclusions of Peretti (*Berliner klinische Wochenschrift*, No. 10, 1883) bear out these results of Ripping and Danillo, he has not been able to find marked results in a single case from gynæcological treatment of the psychoses. He admits that possibly where local irritation tends to tincture the delusions, gynæcological treatment might be of some benefit. These results are in corroboration of the unwilling testimony of Dr. Clevees. Claus has found that but fifteen per cent. of the female insane coming under his care had genital diseases.

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HEREDITY.—Morandan de Monteyel concludes (*L'Encephale*, No. 4, 1883), first, that families in whom insane heredity is present

are distinguished by a comparatively great sterility of the majority of marriages and a greater fecundity of the fertile marriages, and by an excessive mortality in early infancy. Second, that from the union of these three circumstances in one family's descendants, the physician is justified in diagnosing vesanic heredity. Third, the influence of vesanic heredity on the fecundity of the married varies according to the generation. Fourth, extreme fecundity is produced in the earlier generations, followed and ending in sterility in the later generations. Fifth, insane heredity, by the exaggerated mortality in early infancy, as well as by its sterilizing tendencies, tends to extinguish the families where it exerts an influence. Sixth, these conclusions are confirmed by the fact that, if the unions of the earlier generations give birth to a large number of children, the unions of the later generations give birth to fewer and fewer children, who are more and more puny. Seventh, it is probable that the mortality of early infancy increases with the generation, and that the vitality of the children diminishes with the number. Eighth, maternal or paternal vesanic heredity, considered by itself, confirms the previous conclusions. Ninth, paternal vesanic heredity is more powerful than maternal vesanic heredity in its influence on fecundity and sterility, and in its influence on the mortality of early infancy. Tenth, the preponderant influence of the mother on the descendants cannot but be diminished by the influence of the father just cited, and will be demonstrable in not less than ten per cent. Eleventh, the paternal influence is exerted on the children early in life ; the maternal later on.

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INSANITY AND VARIOLA.—Kiernan (*American Journal of Neurology and Psychiatry*, August, 1883) states that the question of the interrelations of insanity and variola naturally resolves itself into three factors : first, the influence of variola on the production of insanity ; second, the influence of variola on coexisting insanity ; third, the influence of coexisting insanity on variola. With regard to the first factor, Kräpelin (*Archiv. für Psych.*, B. xiii) says : " Whatever be the part, real or ideal, regarded as being taken by the febrile state, the encephalic congestion, the specific poison, acting or not by decomposition of the albumen of the pustules, in the genesis of neurotic phenomena, it is most convenient to use clinical distinctions only in describing the psychical phenomena resulting from variola." He describes the psychical manifestations of the febrile stage (the initial and suppurative period) and of the terminal stage, the asthenic forms. The febrile type is a lypemania agitata with hallucinations ; the psychical manifestations usually last less than a week ; rarely more than a year. Of the cases examined by Kräpelin, fifty per cent lasted a week and less, sixteen and seven-tenths per cent. one month, the same number lasted a year, while sixteen and six-tenths per cent. lasted more than a year. Ninety-one and seven-tenths